

or's Signature:

M. Salome

See signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: January 22, 2011

Employee Name:	Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Kate <i>M. Salome</i> See Signature	Day: In - Out			7:25 2:25 7:25 2:25 7:25 2:25 7:25 2:25	7:25 2:25 7:25 2:25 7:25 2:25 7:25 2:25	7:25 2:25 7:25 2:25 7:25 2:25 7:25 2:25	
	Lunch: Out - In			12:00 12:30 12:00 12:30 12:00 12:30 12:00 12:30	12:00 12:30 12:00 12:30 12:00 12:30 12:00 12:30	12:00 12:30 12:00 12:30 12:00 12:30 12:00 12:30	
	Outside Duty: From - To						
	Ent exceptions or comments, indicate type and			HLN 7.5 ✓ 0.5 hr Vaca ✓ 1hr Sick ✓ 0.5 hr Vaca ✓ VAC 7.5			
Stacey <i>P.S.</i> See Signature	Day: In - Out						
	Lunch: Out - In						
	Outside Duty: From - To						
	Ent exceptions or comments, indicate type and			HLN 7.5 ✓ CTH 7.5 ✓ VAC 7.5 ✓ VAC 7.5 ✓ VAC 7.5 ✓			
Annie <i>B. S.</i> See Signature	Day: In - Out			6:45 4:00 6:45 4:15 6:45 3:00 6:45 4:15	6:45 3:00 12:00 12:30 12:00 12:30	6:45 4:15 12:00 12:30 12:00 12:30	
	Lunch: Out - In			12:00 12:30			
	Outside Duty: From - To				12:45 4:00		
	Ent exceptions or comments, indicate type and			HLN 7.5 ✓ OT 1.25 hr ✓ Beach Park District ✓ OT 6.5 ✓		OT 1.25 ✓	
Daniela <i>G. G.</i> See Signature	Day: In - Out			6:45 6:45 6:45 3:15 6:45 4:45 6:45 5:45	6:45 6:45 6:45 2:00 12:30 1:00 1:45 2:15		
	Lunch: Out - In			1:00 1:30 1:00 2:00	12:30 1:00		
	Outside Duty: From - To						
	Ent exceptions or comments, indicate type and			HLN 7.5 ✓ OT 4.0 hr. ✓	OT 2.0 ✓	OT 3.0 ✓	

tor's Signals:

C. Salerni
If the employee has performed the

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

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Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Lisa 100 <i>Lisa Hansen</i> Employee Signature	Day: In - Out			6.45 2.45		6.45 2.45		
	Lunch: Out - In					12.00 12.30		
	Outside Duty: From - To			Lawrence 11.35				
	ent exceptions or comments, indicate type and t		HLN 7.5		Lawrence District		Personal 7.5 hrs	
Michael Mike Lark Employee Signature	Day: In - Out			8.40 7.10 8.05 7.35 8.15 7.45 7.25 5.25		7.10 3.10		
	Lunch: Out - In			1.55 2.25 12.55 1.25	1.40 2.10	1.30 2.00	1.23 1.00	
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		HLN 7.5	OT 2.5	OT 4.15	OT 3.5	OT 2.0	OT 7.5
a, Nicole 100 <i>DSB</i> Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	MUN 7.5	
Elisabeth 100 <i>Elizabeth Bunn</i> Employee Signature	Day: In - Out			8.00 2.00 7.45 4.15 7.45 11.45 8.05 2.15				
	Lunch: Out - In			11.30 12.00 11.20 12.00	—	11.30 12.00		
	Outside Duty: From - To							
	ent exceptions or comments, indicate type and t		HLN 7.5 VAC 1.5	STP 1.0	OT 1.0	Per 2.5		

Employee's Signature:

C. Salemi

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Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
S. Gloria	Day: In - Out							
000. <i>AS</i>	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Peter	Day: In - Out							
000. <i>AS</i>	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
D. Kowski, Daniel	Day: In - Out							
000. <i>AS</i>	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Shirley	Day: In - Out							
000. <i>AS</i>	Lunch: Out - In							
Employee Signature	Outside Duty: From - To							
Absent exceptions or comments, indicate type and it.		HLN 7.5 ✓	CMT 7.5 hr ✓	PER 7.5 ✓	CMT 7.5 ✓	CMT 7.5 ✓		
Absent exceptions or comments, indicate type and it.			6:45 7:00	7:05 7:05	6:45 6:45	6:45 6:45	6:45 6:45	6:45 2:45
Absent exceptions or comments, indicate type and it.			12 12:30	12 12:30	12 12:30	12 12:30	12 12:30	12 12:30
Absent exceptions or comments, indicate type and it.		HLN 7.5 ✓	OT 4.25 hr ✓	OT 4.0 hr ✓	OT 4.0 ✓	OT 4.0 ✓	OT 7.5 ✓	
Absent exceptions or comments, indicate type and it.			6:45 1:45	6:45 2:45	6:45 2:45			
Absent exceptions or comments, indicate type and it.			12:00 12:30	12:00 12:30	12:00 12:30			
Absent exceptions or comments, indicate type and it.		HLN 7.5 ✓	10 hr comp'd ✓		VAC 7.5 ✓			
Absent exceptions or comments, indicate type and it.					9:05 12:55	9:05 5:05	12:30 5:00	
Absent exceptions or comments, indicate type and it.						1:00 1:30		
Absent exceptions or comments, indicate type and it.		HLN 7.5 ✓	CIH 7.5 ✓	4:0 SIC ✓				
Absent exceptions or comments, indicate type and it.				7:00 AM				

ctor's Signature:

C. Salerni

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Week Ending: January 22, 2011

Employee Name:		Sunday 01/16/11	Monday 01/17/11	Tuesday 01/18/11	Wednesday 01/19/11	Thursday 01/20/11	Friday 01/21/11	Saturday 01/22/11
Zhi	Day: In - Out							
000	Lunch: Out - In							
tee Signature <i>PLS</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	CH 7.5 ✓	PER 7.5 ✓	PER 7.5 ✓	PER 7.5 ✓	
Mai	Day: In - Out							
000	Lunch: Out - In							
tee Signature <i>PLS</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 3.8 ✓ VAC 2.2 ✓	SICK ✓	SICK 6.0 ✓	3.75 ✓ VAC ✓		
Janice	Day: In - Out			85¢	35¢	85¢	4-825	335 85¢ 4-
00	Lunch: Out - In			1-	13¢	1-	13¢	1-
tee Signature <i>Ranilli</i>	Outside Duty: From - To							
ent exceptions or comments, indicate type and t.			HLN 7.5 ✓	1¢ PERS ✓		.50 PERS ✓		
Folk	Day: In - Out							
OIG	Lunch: Out - In							
PRR	Outside Duty: From - To							
ee Signature	ent exceptions or comments, indicate type and t.							

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Dug Laboratory

Date(s) of overtime work: January 18 -> January 21, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate added to comp time balance
(if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: Julie Karm Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Annie Reukhav	275153	4.0 hrs			
Daniela Frusca	241373	9.0 hrs			
Michael Lawler	120459	12.5 hrs			
Pete Piro	138624	16.25 hrs			

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Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: January 29, 2011

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
 (if OT rate, complete below)

OT Account: 4516-1000

Approval:

Supervisor: _____ Date: _____

Department Head: Craig Ward Date: 1/20/11

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lankie	120459	7.5 hrs			
Peter Piro	138694	7.5 hrs			